

# United States District Court

District of the Northern Mariana Islands

Reynaldo L. Garcia

V.

## SUMMONS IN A CIVIL CASE

Poong-In Saipan, Inc.

CASE NUMBER: **CV 08-0017**

FILED  
Clerk  
District Court

JUN 12 2008

TO: (Name and address of Defendant)

Poong-In Saipan, Inc.  
PMB 989 Box 10001, Saipan  
MP 96950

For The Northern Mariana Islands  
By \_\_\_\_\_  
(Deputy Clerk)

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Attorney Stephen C. Woodruff  
2/F Hill Law Office Bldg., Susupe  
P.O. Box 500770  
Saipan, MP 96950  
Tel: 235-3872  
Fax: 235-3873

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

MAR 20 2008

Galo L. Perez

CLERK

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 10/93) Summons in a Civil Action

## RETURN OF SERVICE

|  |  |
|--|--|
| Service of the Summons and complaint was made by me <sup>(1)</sup> | DATE <u>6/12/08</u>                    |
| NAME OF SERVER (PRINT) <u>Roy Riquel</u>                           | TITLE <u>District Security Officer</u> |
| Check one box below to indicate appropriate method of service      |  |

- ☐ Served personally upon the defendant. Place where served: \_\_\_\_\_
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: \_\_\_\_\_

☒ Returned unexecuted: Failed to provide USM 285 & contact information for service to include a map.

☐ Other (specify): \_\_\_\_\_

## STATEMENT OF SERVICE FEES

|        |          |       |
|--------|----------|-------|
| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

N/A  
Date

Signature of Server

Roy Riquel DSO D/NMI

US Marshal D/NMI  
P.O. Box 500570 Saipan MP 96950  
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

|                   |   |                   |                 |
|-------------------|---|-------------------|-----------------|
| PLAINTIFF         | Reynaldo L. Garcia  | COURT CASE NUMBER | CV-08-0017      |
| DEFENDANT         | Poony-IN Saipan, Inc.   | TYPE OF PROCESS   | Civil - Summons |
| <b>SERVE</b><br>➔ | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN |                   |                 |
|                   | POONG-IN Saipan, Inc.   |                   |                 |
| <b>AT</b>         | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br>PMB 989 Box 10001, Saipan MP 96950  |                   |                 |

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Attorney Stephen C. Woodruff  
 2/F Hill Law Office Bldg., Susupe  
 Saipan MP 96950  
 Tel: 235-3872  
 Fax: 235-3873

Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

1

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

**FILED**  
Clerk  
District Court

Fold

JUN 12 2008

For The Northern Mariana Islands  
By

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(Deputy Clerk)  
DATE**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

01

District  
of Origin

No. 05

District  
to Serve

No. 05

Signature of Authorized USMS Deputy or Clerk

C. D. USM #3082

Date

6/12/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

R. J. D. 3082

|             |  |                |               |                  |                                |                  |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges<br>(including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
| N/A         | N/A  | N/A            | N/A           | N/A              | N/A                            | 0.00             |

REMARKS:

Failed to provide USM 285 & contact information  
 For service to include a map.